

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90117 003 ****50.00

0037891

DOCUMENT # L99000005483

1. Entity Name

JC II OF NAPLES, L.L.C.



Principal Place of Business

C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

Mailing Address

C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address C/O PATRICIA PISTNER

10 SEAGATE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH-IN

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34103-2469

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3611577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PISTNER, PATRICIA J
C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PISTNER, PATRICIA J
STREET ADDRESS 821 5TH AVE. SOUTH #201
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME PISTNER, STEPHEN L
STREET ADDRESS 821 5TH AVE. SOUTH #201
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Stephen L. Pistner, Managing Member

4-14-03

CR2E083 (10/02)